

Gilles Deleuze and the search for “sense” in the stories of illness: a methodological proposal

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ABSTRACT

Introduction: this article briefly summarises some of the concepts in the Logic of Sense, by Gilles Deleuze and proposes a method of structural analysis of a text of illness narrative.

Methods: the main concepts are the distinction of Things from the Events, the importance of the surface separating them, the concepts of problem and of paradoxical instance. A eight step process of textual analysis is proposed.

Results: Worked example clarifies the steps of the method and some suggestions for the educational use of this kind of textual analysis is provided.

Discussion: this is a useful approach when the focus is on analysing the social discourse and social structures that can be a source of oppression for some social groups, but also to increase the awareness about the way in which sense is produced in verbal production.

Keywords: **Key words:** illness narrative; textual analysis; structuralism

ABSTRACTI

Introduzione: questo articolo riassume brevemente alcuni concetti contenuti nella Logica del senso, di Gilles Deleuze e propone un metodo di analisi strutturale di un testo narrativo di malattia.

Metodi: i concetti principali sono la distinzione delle Cose dagli Eventi, l'importanza della superficie che li separa, i concetti di problema e di istanza paradossale. Viene proposto un processo di analisi testuale in otto fasi.

Risultati: un esempio sviluppato chiarisce le fasi del metodo e fornisce alcuni suggerimenti per l'uso didattico di questo tipo di analisi testuale.

Discussione: l'approccio proposto è utile quando l'attenzione è rivolta all'analisi del discorso sociale e delle strutture sociali che possono essere fonte di oppressione per alcuni gruppi sociali. Tuttavia, può essere usato anche per aumentare la consapevolezza sul modo in cui il senso viene prodotto nella produzione verbale

Parole chiave: Illness narrative; analisi testuale, strutturalismo

TAKE-HOME MESSAGE

- (1) the analysis of stories of illness is a powerful educational method
 - (2) different approaches are needed to attain different learning outcomes
 - (3) the proposed approach can be used both in teaching and in qualitative research
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1. INTRODUCTION

The stories of illness written by patients and caregivers are a rich source of clinical knowledge and a means of understanding the experience of illness and the essence of care. Illness stories - starting with Rita Charon's seminal text (Charon, 2006) - have been at the origin of the narrative medicine movement, which in Italy has achieved many results, not last the official guidelines by the Istituto Superiore di Sanità (the Higher Health Institute) (ISS, 2014). We can analyse a story according to its content, its structure, the development of dialogues and the relationships between characters. A story can also be interpreted according to different theoretical models, depending on the researcher's choices and aims: the contents can be thematized and classified (Maguire, 2017) and the relationships between the classes used to build a theory, as is the case in grounded theory (Chun, 2019). If the interest is predominantly in lived experience, the theoretical perspective is phenomenology (Giorgi, 1997), evolved into hermeneutics if the researcher aims to consider not only the living experience in itself but in its dialogue with the historical and cultural context (Paterson, 2005). Finally, we can seek the fundamental structures of a story in accordance with a semiotic approach (Corso, 2014) or socio-political or philosophical theories, as in discourse analysis

(Lupton, 1992; Peckover, 2018).

Among the philosophers referred to in medical education literature, Gilles Deleuze has a small but rather peculiar space. Some of his ideas have been used – for example - to interpret the construct of frailty (Cluley, 2021), the living condition of women with leprosy (Gonçalves, 2021), trust in volunteers in commercial drug trials (Mwale, 2020), and the concept of desire (O'Byrne, 2011).

The “Logic of Sense” (LoS) is one of the French philosopher's most significant works (Deleuze, 2014), a philosophical essay written in an original format of chapters called “series” and an occasionally funny tone, although with a very dense and sometimes obscure language. Deleuze considered a legacy of the ancient stoic Greek philosophers, namely the concepts of “event” and “surface” and argued how sense and non-sense is produced in written propositions. Deleuze did not describe a formal method, he wrote a philosophical reflection on the sense as a mode of thought. This article proposes how to extract from the LoS indications for the interpretation of a narrative text. The proposal is not a structured method, rather a set of guidelines and comes with a worked example of interpretation of a story of illness.

2. METHOD

2.1 *Theoretical foundation*

In this paragraph I synthesize some of the basic concepts discussed in the LoS. These concepts will be the theoretical foundation of the method of interpretation.

1 - Things, events and the surface

In the second chapter-series, Deleuze sets a first distinction between Things and Events. Things are objects, animals, and persons, they are expressed by nouns and have attributes (adjectives); even if we can talk of them in the past or in the future, they only exist in the present and are the cause of both other things and of the events. Events are effects, incorporeal, logical attributes of things. They are expressed by verbal forms and since they are pure becoming, they only exist in the past or in the future, because as soon one tries to grab them, they are not yet or already passed. Events are “quasi-causes” of other events. A clinical example to make these concepts clearer is the condition of a person who got a virus, which caused the person to become ill. The patient and the virus are things, the virus is the cause of an event (becoming ill). The illness is the quasi-cause of other effects-events (coughing, raising of temperature, swelling of nodes,...). Deleuze introduced finally the idea of surface, as the ideal contact between things and events.

2 - Propositions and sense

The surface is an important concept in the third series, in which the different types of proposition are described. The term surface is often used in LoS to express both the idea that events are incorporeal, only thin surfaces and to mark their difference with things, which are corporeal, thick and

have a depth.

The surface is also the relation between the different propositions in a text. Deleuze recalls Bertrand Russell’s classification, stating that a proposition can express the attributes of things or a state of affairs (denotation: Fabrizio is a doctor), a belief or the internal state of the speaker (manifestation: Fabrizio said he was happy), the relation of a situation with a general principle (signification: Fabrizio is a doctor, hence he got a degree in medicine). Finally, Deleuze adds a fourth dimension for a proposition, the sense, which is expressed in any type of proposition, incorporeal to the surface of things, an irreducible complex entity, a pure event that insists and subsists in the proposition. Hence, we have a duality between the two faces of the surface, the two dimensions of a proposition: the structure of a proposition and its sense

3. Series, paradoxes and “exoteric words”

Since the sense subsists in a proposition that deals with something else, the same proposition cannot explicitly talk of the sense it states, but the writer can use another proposition to implicitly or explicitly mean the sense of the previous one. A series of propositions is the double chain of propositions in which the sense of the first one (the signified proposition) is expressed by one of the following propositions (the signifying proposition) For example: “Fabrizio is a doctor, hence he got a degree”: the sense of the first proposition could be to state that Fabrizio has been studying for a long time, as the second proposition is signifying. The signifying is mainly an event (has been studying), as a logical attribute of a signified thing

(Fabrizio).

Deleuze stated that in a series of propositions you can always find a paradoxical element floating between the two aspects of the series. This element has a paradoxical nature because it is defective of sense in the signified propositions and has an excess of sense if the signifying ones. The paradoxical elements can be implicit and extracted by the reader at the surface between the two aspects of a series, as in (Consorti, 2022), in which “identity” had both an individual AND a social nature. The paradoxical element sometimes is denoted by an “exoteric” word, which can be a neologism or a metaphor. The exoteric word is not the paradoxical element, but can be a clue for it. For example, in the worked example below, a metaphor like “my heart was in pieces” points to the loss of control on one's body.

4. The problem

In the ninth chapter, Deleuze developed the relation between the events, the sense and the problem, the latter intended as a dimension, a problematic space. A problem always receives the appropriate resolution in accordance with the criteria used to identify it as a problem, hence the events are both the way to identify a problem and to define the field of possible solutions. The problem is determined by the propositions that correspond to the series, but the question which denotes the problem is denoted through the erratic element that corresponds to the paradoxical element.

For example: in many stories of patients with a rare disease, the question often is “What is the name of my illness?”. This

question denotes a problem which is “the labelling” of a person through the name of the illness, a paradoxical stance, with a loss of sense in the propositions that deal with the clinical data (usually signified propositions), an excess of sense in the propositions which deal with the life of patient (more often signifying propositions): the “name” of the illness is much more than a name! So, the name is just a label - indispensable to drive a medical treatment - and - at the same time - an existential condition.

2.2 Guideline for the interpretation of a text

As stated in the Introduction, the LoS does not propose a method for the interpretation of a text, such as an illness narrative. Nevertheless, from the theoretical premises described above, it is possible to derive a set of suggestions to interpret a text, looking for the sense (or the senses) that subsists in the propositions of the text. The procedure is composed by 8 steps:

1. reading carefully the text at least twice, to familiarise yourself with
2. looking for the “speaker” and the propositions expressing the speaker's “manifestation”. In a text, the speaker is not necessarily the author of the text, and there can be more than one character speaking. In the worked example, the only speaker is the mother of Simone, who is also the writer. Nevertheless, there are other agents of events/verbs (Simone, the doctors)
3. listing the events/verbs, grouped by their agents. It's a flat list, ordered according to the appearance of every

- verbal form in the text, and grouped for the “thing” (usually a person) that is the “cause” of the event
4. identifying the series of propositions and the “surface” between them. In the example, an instance of proposition that forms part of the signified and signifying series is “I spent night and day with him in my arms, I tried to calm him in every way, but I couldn't, he was always crying.” As defined above, the surface is the relation between the propositions, where the sense is made manifest. Here we have “I spent...” and “tried to calm...”, “I couldn't” and “always crying”. On the two sides of this surface there is a mother's relentless effort and her helpless failure.
 5. looking for exoteric words, metaphors, syllabic assonances and other figures of speech. In the proposed example there are many metaphors and at least one assonance: “it almost felt like a dream” but also “all of that was a nightmare”, “ordeal ... my life was over ... heart in pieces” and “Simone stopped breathing... he put on the respirator” (in Italian the assonance is “Simone ha **smesso** di respirare, ha **nesso** il respiratore”)
 6. defining the problem and the question. After the first five steps, running through the lists of manifestations, events, surfaces and metaphors it is possible to figure out the question (or the questions) that specify the problem/s. In the worked example, the question that emerged is “Can we take control over our life and our body?” The events of the story define both the problem (the control) and the domain of possible solutions.
 7. looking for the paradoxical instance/s. This erratic element not necessarily is named in the story, but is alluded to through paradoxes, exoteric words, metaphors, and the relation between the series of propositions. In Deleuze's words, the sense is ineffable, subsisting in the propositions but cannot be explicitly said.
 8. reconsidering the whole analysis for coherence between the identified paradoxical instance/s and the system of events and series of propositions.

3. RESULTS: A WORKED EXAMPLE

In this paragraph I show a worked example of the proposed method. I analysed a story of illness taken from Bena et al. (2017) (annex 1). The speaker is the mother of the patient, Table 1 lists her manifestations, Table 2 the verbs of action.

The best day of my life was when I found out I was expecting ... **I felt over the moon** ... it almost **seemed like a dream**
 I started to feel some small pains
 I felt inside that Simone had something else. I was sick, I felt his discomfort
 I was immediately scared
 It all **seemed like a nightmare**, but it was reality
my world had fallen apart
 I could hear a little voice whispering to me: Simone is strong, and you will not lose him

<p>My heart was broken I did it just for him, because I felt I had to, I am his mum I always pretended I didn't hear that Simone is a vegetable</p> <p>My heart is shattered When I think about this, I feel bad ... I can only have hope ... I hope I will have the strength... I have not had the pleasure of savouring all the happiness ... what I did wrong to deserve this, what is the point of it all?</p>
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Table 1 - list of the “manifestations” of Simone’s mother. The metaphors are highlighted in bold

<p>1. verbs of motion and mother's action I found I was expecting; I was always talking to the baby, stroking my belly when he kicked, and singing songs to him to calm him down; I went to the hospital; we went home; we started going round hospitals; I spent night and day; I tried to calm him down; we went to the hospital; we rushed back to Chivasso; to face my whole ordeal; I cried night and day; we took him home; we started our adventure again; we learned to be nurses and doctors; I shed rivers of tears but then I said enough! Now I am in charge; I took care of him without hesitation; I left my job, my life; I live off that; I went on my way; to love and care my unfortunate puppy; we equipped ourselves; we took Simone to Puglia; we have resumed our lives; I live day by day ... without thinking of the future</p> <p>2. doctors' action verbs they told us; they diagnosed; they admitted us again; they gave him an MRI; they put Simone in an incubator; they put him on a mechanical respirator; they discharged him.</p> <p>3. Simone's action verbs kicked; Simone, my angel, was born; cried; eat; couldn't open mouth; got worse; slept; stiffened; was dying; stopped breathing; reacted; felt; grabs hands; makes him understand; wants to be turned; gives me half a smile</p>
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Table 2 - list of the verbs of action. Two keystone propositions and one metaphor are in bold

In the proposed text there are some metaphors (in bold in Table 1 and 2) and an assonance of words, evident only in the Italian text (Simone ha **smesso** di respirare autonomamente e ha **nesso** il respiratore meccanico).

The mother’s verbs of action-events in the first half of the story are mainly all about forced travels forth and back to and from the hospitals and unsuccessful attempts to control the baby. At the centre of the story there is a keystone: “I shed rivers of tears but then I said enough!”. From that moment on, the events are controlled by

the mother, up to the second keystone statement “we have resumed our lives”.

The same dynamics is shown by the metaphors, starting with positive images like “moon”, “dream” and “angel” and ending in “nightmare”, the breaking of world and heart and a child like a vegetable. The assonance with two verbs-events (quit breathing – put the respirator) marks also a moment in which Simone lost the control over his breathing and the control was taken by a machine.

For these reasons I identified the problem and its question as “How can we control

our life and our body?”

Hence, the paradoxical instance flowing through the series of propositions is “the control” of our life and our body. Control on life is either in excess or missing, the body is either angelic (vast potentiality) or unanimated (totally subjected to outer control), ripped or under control, day by day.

4. DISCUSSION - CONSEQUENCES FOR MEDICAL EDUCATION

In medical education, at all levels from undergraduate to continuous professional education, an illness narrative can be used as a motivational trigger at the beginning of a learning activity, to foster self-reflection, or to explore with the learners the relationship of the events with the socio-cultural and economic context (Das-Gupta, 2004; Kumagai, 2008; Law, 2011). From an educational perspective, different learning outcomes may require different educational uses and interpretation of the same story and not necessarily the assignment for the students – either alone or in a small group – must be free reactions and interpretation. The teacher may propose a more structured way of analysing a story, and the one proposed in the example is not the only possible interpretation of Simone’s story. According to a content analysis, the story could be used to discuss the opposition or integration of hospital and home care, especially in rare diseases and palliative care. If the teacher is more interested in highlighting the lived experience and the emotions of the characters of the story, then phenomenology would be appropriate, hence the teacher will require a special attention to the

manifestations of emotions, feeling, thoughts. If the educational focus is widened to the relation of the story with the cultural and organisational evolution of palliative care, then hermeneutics would be appropriate, and the students may be asked to interpret the story also in comparison with some scientific literature or a reference theory. The proposed approach can be referred to the general theoretical domain of structuralism, which may be a useful approach when the focus is on analysing the social discourse and social structures that can be a source of oppression for some social groups (Bourdieu, 1997; Parton, 2019). Nevertheless, the LoS offers a general point of view on how sense is generated and expressed in stories and can be used to broaden the way in which illness narratives are explored. The awareness that sense is automatically produced in everything we say or write, in unpredictable ways, despite what we rationally think we are meaning, is a very relevant learning outcome for our students and for all teachers as well. Finally, this approach can be a valuable help in qualitative research.

5. REFERENCES

- Bena, C., Iacono Pezzillo, E., Garrino, L. (2017). *Storie che curano*. Fossano (CN): Ed. Medico-scientifiche
- Bourdieu, P. (1997). *Capital, cultural, escuela y espacio social* [Cultural Capital, school and social space]. Madrid: Siglo
- Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford: University Press.
- Chun Tie, Y., Birks, M., Francis, K. (2019). *Grounded theory research: A design*

- framework for novice researchers. *SAGE Open Med.* 2;7:2050312118822927.
- Cluley, V., Fox, N., & Radnor, Z. (2021). Becoming frail: A more than human exploration. *Health.* 13634593211038460. Advance online publication.
- Consorti, F., & Consorti, G. (2022). Elements and Determinants of Professional Identity During the Pandemic: A Hermeneutic Qualitative Study. *Teaching and learning in medicine.* 1–14. Advance online publication.
- Corso, JJ. (2014). What does Greimas's semiotic square really do? *Mosaic: An Interdisciplinary Critical Journal* 47(1): 69-89
- DasGupta, S., & Charon, R. (2004). Personal illness narratives: using reflective writing to teach empathy. *Academic medicine : journal of the Association of American Medical Colleges.* 79(4): 351–356.
- Deleuze, G. (2014). *Logica del senso*, M. De Stefanis (Trad). Milano: Feltrinelli
- Giorgi, A. (1997). The theory, practice and evaluation of the phenomenological method as a qualitative research procedure. *J of Phenomen.Psych.* 28(2): 235-260.
- Gonçalves, M., Santos, K., Silva, S., Marcussi, T., Carvalho, K. V., & Fortuna, C. M. (2021). Women and leprosy: interferences and experiences. *Revista latino-americana de enfermagem* 29: e3419.
- ISS - Istituto Superiore di Sanità. Conferenza di consenso. Linee di indirizzo sull'utilizzo della medicina narrativa in ambito clinico assistenziale per le malattie rare e cronico-degenerative. Disponibile a: <https://www.academia.edu/17216329/Conferenza-di-consenso-Linee-di-indirizzo-sull-utilizzo-della-medicina-narrativa-in-ambito-clinico-assistenziale-per-le-malattie-rare-e-cronico-degenerative>
- Kumagai, A. K. (2008). A conceptual framework for the use of illness narratives in medical education. *Academic medicine : journal of the Association of American Medical Colleges.* 83(7): 653–658.
- Law S. (2011). Using narratives to trigger reflection. *The clinical teacher.* 8(3): 147–150.
- Lupton D. (1992). Discourse analysis: a new methodology for understanding the ideologies of health and illness. *Australian journal of public health.* 16(2), 145–150.
- Maguire, M., Delahunt, B. (2017) Doing a Thematic Analysis: A Practical, Step-by-Step. Guide for Learning and Teaching Scholars. *AISHE-J.* 8(3):3351-3364.
- Mwale S. (2020). 'Becoming-with' a repeat healthy volunteer: Managing and negotiating trust among repeat healthy volunteers in commercial clinical drug trials. *Social science & medicine.* 245:112670.
- O'Byrne, P., & Holmes, D. (2011). Desire, drug use and unsafe sex: a qualitative examination of gay men who attend gay circuit parties. *Culture, health & sexuality,* 13(1):1–13.
- Parton, C., Katz, T., & Ussher, J. M. (2019). 'Normal' and 'failing' mothers: Women's constructions of maternal subjectivity while living with multiple sclerosis. *Health.* 23(5), 516–532.
- Paterson M, Higgs J. (2005). Using her-

menetics as a qualitative research approach in professional practice. *Qual Rep.* 10(2):339–357.

Peckover, S., & Aston, M. (2018). Examining the social construction of surveil-

lance: A critical issue for health visitors and public health nurses working with mothers and children. *Journal of clinical nursing.* 27(1-2), e379–e389.